

# Tulane University Annual Report

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*Project Sponsored by USAID Southern Africa:*

Project: Compiling an Evidence Base for Orphans and Vulnerable Children Programming (i.e., OVC)

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## Project Overview

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The activities detailed here fall within the scope of the Compiling an Evidence Base for OVC Programming (hereinafter referred to as OVC project) led by Tulane University under the direction of Dr. Thurman. This annual report describes 2015 achievements for this project.

## Project Achievements in 2015

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The OVC project aims to provide empirical evidence that can effectively guide OVC programming and policy. This goal will be achieved primarily through three key activities: (1) Program Assessments (2) Program Enhancement and (3) Technical Assistance. All activities are underscored by a concerted effort to promote Research to Practice. Box 1 below provides a summary of Tulane University's key achievements during the period October 2014 to September 2015 and the sections that follow provide further details on these accomplishments, including deliverables met, as well as important administrative and financial milestones.

### Box 1. Program Achievements

**Program Assessments:** Tulane prepared for the final round of data collection for two new randomized controlled trial studies, referred to as the *Linkages to Care* and *Coping with Loss* studies (See Boxes 2 & 3). Tulane also initiated baseline data collection for a pilot study of the Teenagers and Adults Learning to Communicate curriculum known as the *TALC pilot* study (See Box 4).

**Program Enhancement:** Tulane led the adaptation of the pilot TALC curriculum for use as a family strengthening and adolescent HIV prevention initiative among vulnerable families in South Africa (See Box 5).

**Technical Assistance:** Provision of technical assistance included the review of selected curriculum and externally contracted research reports of other OVC PEPFAR partners.

**Research to Practice:** The key deliverables for FY 2015 included 14 presentations to local and international stakeholders and preparation of 4 peer-reviewed articles (1 published; 3 under review).

## Program Assessments

Using rigorous study designs and involving multiple sites, Tulane engages in operations research to test the efficacy of interventions aiming to address critical service delivery issues for OVC. Details are provided below on assessment activities completed this fiscal year for three studies.

### *Linkages to Care: Home Visiting in Urban Townships*

Tulane prepared for follow-up data collection and performed preliminary analyses for the study “*Linkages to Care: Home Visiting in Urban Townships*,” hereinafter referred to as the *Linkages to Care* study. This study examines the effectiveness of Future Families’ holistic, family-based approach to addressing the needs of OVC by providing caregivers with information, psychosocial support, and access to external services through paraprofessional home visiting in urban township communities in Pretoria/Tshwane area. It includes a randomized control trial (RCT) and quasi-experimental design; further details on the methodology is described in Box 2.

For the RCT, follow-up data collection preparations took place in FY2015 with data collection planned for early FY2016 (November- December 2015). Follow up data collection will occur among a target sample of 483 guardians.

Data analysis from the quasi-experimental study was completed and shared with Future Families and other stakeholders in FY2015. Using propensity scored matched data, child HIV testing rates among participating children were compared to non-participating children applying multivariate logistic regression.

Key findings from the quasi-experimental analysis include:

- Children in the Future Families home visit households were 70% more likely to have been tested than comparison children (OR=1.70, 95% CI=1.09-2.63, p-value=0.02).
- Orphans in the Future Families program were more than twice as likely to have been tested as comparison children (OR=2.12, 95% CI=1.00-4.50, Log odds p-value=0.05).
- The difference was most pronounced among girls: Girls in the Future Families program were nearly twice as likely to be tested as comparison children (OR=1.653, 95% CI=0.983-2.782, p value=0.058).

#### **Box 2. *Linkages to Care* Study Overview**

Linkages to Care is principally a randomized controlled trial designed to assess the effectiveness of mobilized care workers trained and supported by Futures Families to provide biweekly home visits to OVC families in Pretoria/Tshwane townships, South Africa.

The study employs two quantitative components using surveys among guardians that provided information on the wellbeing of themselves, their household and each of the children under their care on a set of key program indicators pertaining to child protection, HIV prevention, psychosocial wellbeing, education, economic support, and health:

- 1) Impact evaluation applying a randomized-controlled trial in which newly program-enrolled caregivers from Mamelodi, Mamelodi East and Nellmapius were randomly assigned to participate in the program beginning in September 2014 or waitlisted for participation to occur after the follow-up survey, about 14 months later.
- 2) A quasi-experimental study, in which survey data from 282 previously enrolled caregivers was compared to that from newly enrolled caregivers in a post-test propensity score matched analysis that to provide immediate information to inform program implementation.

In addition, key baseline outcomes including relevant PEPFAR MER Indicators and other indicators representing additional program priorities were shared with Future Families and other stakeholders to aid in prioritizing program implementation focal areas.

**FY2015 Deliverables:** Baseline and quasi-experimental data analysis and dissemination, and preparation for follow-up data collection including: random assignment of participants; revised survey and other research tools for follow-up data; secured updated ethical approval; developed sampling frame and fieldwork procedures; contracted with local research agency for data collection.

### *Coping with Loss: Abangane Grief Groups for Adolescent Girls in the Free State*

Tulane completed the majority of quantitative data collection and additional qualitative research (cognitive interviewing) for *“Coping with Loss: Abangane Grief Groups for Adolescent Girls in the Free State, South Africa,”* hereinafter referred to as the *Coping with Loss* study. Applying a RCT, this study examines the psychosocial impact of the eight session Abangane (Friends) Grief Groups implemented by Child Welfare Bloemfontein & Childline Free State (CWBFN&CLFS) among adolescent girls in both rural and urban settings in Free State, South Africa. The methodology is described further in Box 3.

In November 2015, Tulane undertook qualitative research in the form of cognitive interviews to identify the best measures for assessing grief among the target population. Results were used to refine the quantitative survey measures, and the methodology and conclusions can be more broadly applied to promote accurate, linguistically and culturally competent survey design for quantitative studies addressing adolescent psychological wellbeing in South Africa and elsewhere. Several evaluation implications stem from the results including: standard grief measures may reflect concerns about basic survival among orphans; and grief cognitions may be over-reported due to social desirability, potentially requiring adjustment to thresholds for this scale. The study also had important program implications, highlighting how improved psychological health measurement tools can help programs target services to those most in need and how preferred language for program materials may vary among adolescents within the same region.

#### **Box 3. Coping with Loss Study Overview**

Coping with Loss is a randomized controlled trial designed to assess the effectiveness of a structured eight session grief-focused support group for female adolescents who have experienced the death of someone important in their lives. The intervention is implemented by Social Workers from CWBFN&CLFS who have provided support services for orphans and vulnerable children in the Free State Province since 2013.

The study employs a mixed-methods approach with multiple components:

- 1) Qualitative research to examine the program’s perceived effects and areas for improvement;
- 2) Cognitive interviewing with youth to improve the validity of survey measures;
- 3) An impact evaluation using a randomized-controlled trial and two survey rounds among adolescents and their caregivers; and
- 4) Intervention session attendance data to facilitate complementary intervention exposure analyses.

RCT data collection for the *Coping with Loss* study began in FY2015. Participants in the study are between the ages of 12 and 17, enrolled in one of 11 schools in South Africa’s Free State Province, and expressed interest in participating in a grief support group for adolescents. Adolescents and their caregivers were recruited to complete a baseline survey prior to commencement of the support groups

and a follow-up survey two months after completion of the support groups. Data collection occurred in waves consistent with the term in which adolescents received the intervention. Baseline data collection was completed by March 2015 with 423 adolescents and their caregivers. Follow-up data collection is divided into three waves; two were completed in FY2015 and the final wave of data collection is scheduled for early FY2016 (November 2015).

Baseline survey data was analyzed in FY2015 to examine factors that aggravate grief and foster adaptive coping to the loss of a parent. Multivariate regression results showed that the adolescent-caregiver relationship played an important role in both aspects, with poor relations associated with worse grief levels and good relations associated with higher levels of coping. Other sources of stress in an adolescent's life were found to aggravate adolescents' grief; especially the presence of a chronically ill adult at home, verbal maltreatment from caregivers, and loss of peer support following the death. Findings further highlighted the positive potential of the support group, demonstrating that grief-focused social support can foster constructive coping, while also reiterating the importance of caregiver-focused efforts to improve adolescent wellbeing.

**FY2015 Deliverables:** Developed RCT research design and methods; developed RCT research tools (surveys); refined measures (pilot and cognitive interviewing); secured ethical approval in the US and South Africa; developed sampling frame/intake procedures; recruited and trained fieldworkers; completed baseline data collection; generated random assignment of participants and devised quality control procedures; completed baseline data analysis and dissemination; and prepared for follow up data collection.

### *Strengthening Relationships and Resilience: Teenagers and Adults Learning to Communicate*

Tulane completed baseline data collection and led the ongoing process evaluation for "*Strengthening Relationships and Resilience: Teenagers and Adults Learning to Communicate*," hereinafter referred to as *TALC Pilot Study*. The study is a pre-test/post-test among intervention participants designed to assess the pilot implementation of the adapted TALC South Africa curriculum among caregivers and adolescents. The study occurred among two implementing partners: Children in Distress Network (CINDI) in KwaZulu-Natal (KZN) and HIVSA in Gauteng provinces. Details on the study methodology can be found in Box 4.

The pretest survey of intervention participants included female primary caregivers and their adolescents aged 13-17. A total of 175 caregivers and 204 adolescents completed baseline data collection in June 2015; all of whom will be eligible to participate in a follow-up survey in FY2016 (February 2016, two months post-intervention; 8 months post-baseline).

#### **Box 4. TALC Pilot Study Overview**

The *TALC Pilot* study is designed to assess the initial implementation of the adapted TALC intervention. HIVSA and CINDI, two South African capacity building organizations with a successful track record of service delivery for HIV affected children and their families, will support trained community-based facilitators to provide the intervention at partnering community-based organizations within Gauteng and KwaZulu Natal provinces of South Africa.

The study employs a mixed-methods approach:

- 1) Qualitative research to examine the program's perceived effects and areas for improvement (facilitator feedback and focus groups)
- 2) An outcome evaluation using a one-group pretest-posttest survey among intervention adolescents and their caregivers; and
- 3) Monitoring data, including fidelity checklists per session and attendance registers to facilitate complementary intervention exposure analyses.

As a pilot study, the conclusiveness of the results is limited by the lack of a comparison group and random assignment. However, the pilot study offers preliminary findings towards achievement of the primary study outcomes of improved adolescent psychological health and reduced risk behaviors. Secondary outcomes expected to be positively affected by the intervention include participant's social support and HIV knowledge, adolescents' sexual health attitudes and self-efficacy, caregivers' psychological health, and adolescent-caregiver communication and relationship. Selected PEPFAR MER indicators are also included in the survey.

A process evaluation occurred on an ongoing basis in FY2015 to guide program refinement. Key data sources include focus groups among facilitators and program monitoring data, such as facilitator completed fidelity checklists, attendance registers and other implementation and training feedback forms. Findings are being actively applied to improve the program curriculum, identifying exercises and implementation considerations for modification to enhance the program's success, facilitator usability and wide scale implementation. Facilitator feedback suggests that the program has been well-received among beneficiaries and is feasible to implement through community-based social auxiliary workers.

**FY2015 Deliverables:** Led the development of the adapted program curriculum and implemented and evaluated program training and implementation; designed attendance registers and database; designed, collated and analyzed ongoing program monitoring; completed pilot study preparations including: survey development; ethical application in the US and South Africa; development of sampling frame/intake procedures; contracting with research agency for data collection; recruiting and train fieldworkers, and baseline data collection.

## Program Enhancement

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Program enhancement activities conducted during the fiscal year included the adaptation of an evidence-based curriculum and support towards other partner program curriculum. These activities respond to implementing partner's expressed programming priorities and were designed to provide targeted support for evidence-informed practice.

### Curriculum Development

In response to a need of OVC implementing partners, Tulane identified an evidence-based, theory-driven curriculum designed to improve the wellbeing of HIV-affected families and their adolescent children: *Teens and Adults Learn to Communicate* (TALC) developed by the Center for HIV Identification, Prevention and Treatment (CHIPTS; <http://chipts.ucla.edu/projects/>). Rationale for the selection of TALC is provided in Box 5. Tulane has since led the adaptation of the curriculum with local South African technical experts and practitioners at the University of Pretoria for use in South Africa among vulnerable families. Key exercises from additional evidence-based programs from the West and South Africa were also incorporated into the curriculum to ensure its contextual relevance and emphasis on best practice sexual risk reduction strategies. Technical experts were contracted for external review of the curriculum prior to implementation.

#### Box 5. Why TALC? Alignment with PEPFAR/USAID Partner Program Goals

- Emphasizes family-centered programming that builds interpersonal skills
- Contains a caregiver focus: Stronger caregivers are associated with better adolescent outcomes
- Includes principles of cognitive-behavioral therapy, a directive approach with a wealth of evidence supporting its effectiveness
- Boasts promising mental and behavioral health results and a history of successful international adaptation
- Aligns with global initiatives including DREAMS, a partnership to reduce HIV risk in adolescent girls

Three pilot curriculum manuals and a facilitator guidance document were produced for use by external facilitators to implement the intervention among caregivers and adolescents. The pilot manuals include learning modules with detailed rationales, objectives, activities, discussion points and further resources divided into two distinct phases, or session sets. The first Phase “Taking Care of Myself” consists of five sessions for caregiver groups, while the second Phase “Enhancing Relationships and Resilience” consists of 14 sessions (eight parallel adolescent and caregiver sessions; six joint sessions). This structure acknowledges that caregivers and adolescents have different needs and challenges, but can work together to build mutual understanding leading to a better relationship. To promote effective capacity in program delivery, Tulane in collaboration with University of Pretoria developed and provided two weeks of trainings separately to a total of 36 participants from HIVSA and CINDI; a the third one week training will occur in early FY2016 October-November 2015).

### *Curriculum Review*

In FY2015, Tulane personnel responded to requests for technical review of the following partner curriculum as identified by the USAID Southern Africa office:

- **NACOSA Circles of Support Curriculum Review:** Circles of Support is a support group intervention for primary caregivers of OVC designed and implemented by NACOSA. Tulane’s review of the curriculum culminated in a detailed memo describing key considerations from best practice parenting programs to consider in program refinement, alongside acknowledgement of identified promising approaches within the curriculum and where further upgrades would be advantageous (October 2014).

### *Program Refinement*

Tulane worked directly with several partners to provide resources and support to upgrade their services:

- Memo to Lifeline on available resources for support groups for adolescents living with HIV (December 2014)
- Two presentations to CWBFN & CLFS: 1) *Can We Make the Abangane Grief Support Group Program Even Better? Feedback & Discussion* and 2) *Grief Group & Positive Parenting Attendance Database* (Bloemfontein, January 2015)
- Tulane assisted CWBFN&CLFS to upgrade the *Abangane* curriculum, including activities originally conceived by Khululeka Grief Support Program, in order to incorporate the latest grief theories and cognitive behavioral therapy principles and ensure standardized delivery of structured activities. While Tulane encouraged CWBFN&CLFS to incorporate a caregiver focused component, this was eventually discontinued due to attendance challenges (January-February 2015).
- Developed attendance databases and consolidated findings for selected interventions of CWBFN & CLFS, HIVSA and CINDI (Ongoing FY2015).

## Technical Assistance

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### *Evaluation Support*

In FY2015, Tulane personnel oversaw the formative evaluation of NACCW undertaken by a local research firm and provided technical review of external evaluation terms of reference (TOR) and a baseline report.

- **Draft TOR for Vhutshilo Assessment:** Tulane reviewed the initial draft TOR and highlighted key areas that were lacking, including clarification of objectives, expected research participants, use of existing data sources, emphasis on the process evaluation, and additional research focal points (October 2014).
- **NACOSA/HIVSA Baseline Report:** Tulane reviewed the baseline evaluation report for the PIME NACOSA/HIVSA assessment both initially and to ensure inclusion of feedback. Feedback highlighted methodological shortcomings (namely, non-representative control group and analytic focus on program effects at baseline) that may affect interpretation of the findings and suggested further additions including sufficient details on the protocol and the importance of USAID obtaining a copy of the original dataset and survey (October 2014).
- **NACOSA TOR Review:** Tulane assisted NACOSA to refine their baseline TOR document and advised them to undertake a beneficiary survey among caregivers, collect supplemental data directly from adolescents in partnership with other research agencies, and to ensure obtainment of MER indicators, among other suggestions (September 2015).
- **NACCW CYCW Formative Evaluation:** Tulane oversaw the Isibindi formative evaluation focused on the role that mentorship and training have played in reaching program expansion goals and maintaining service quality. This work was accomplished through financial and technical support provided to the Child Development Research Unit (CDRU) in South Africa who applied multi-faceted data collection approaches including qualitative interviews and focus groups, training session observation, secondary analysis of program monitoring data, and a nationally representative survey of CYCWs. The research identified critical factors influencing service quality including: the quality of mentorship, CYCW level of training, implementing partner resources, external service provider support, and CYCW job satisfaction (which is influenced by factors such as psychological support and remuneration). More in-depth analysis of survey findings is anticipated in 2016 to offer additional insights related to the factors that underlie service quality and care worker's self-efficacy for service delivery. The draft research report was submitted to stakeholders in October 2015 and the final version incorporating comments will be complete in early FY 2016.

### *Indicator Guidance*

In FY2015, Tulane personnel responded to USAID Southern Africa's requests for assistance with review of potential outcome and process indicators.

- **SIMS OVC Assessment Tool:** Memo to USAID with input on the PACT SIMS Assessment Above Site Tool for OVC strategic information/operations research (December 2014)
- **DHS OVC Survey Indicators:** Memo to USAID on suggestions for orphan indicator additions in the upcoming to the to allow for a broader assessment of children's vulnerability (February 2015)
- **PEPFAR MER OVC Indicator Guidance:** Memo to USAID to inform use of MER indicators among partner programs, including what indicators they would be able to report based on Tulane's program assessments (July 2015).

## Research to Practice

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To facilitate evidence-based decision-making, Tulane provide local and international stakeholders with current and cutting-edge information on an ongoing basis. This was achieved in FY2015 through delivery of evaluation and baseline results and other research summaries at interactive workshops, presentations at national and international forums, and peer reviewed publications.

### *Evaluation Results*

Impact results from studies completed in FY2014 continued to be disseminated to local and international stakeholders.

*“The Effectiveness of Two Interventions for Reducing HIV Risk and Improving the Wellbeing of Orphaned and Vulnerable Adolescents in the Eastern Cape of South Africa,”* referred to as *Adolescent Risk Reduction* study.

- **Research Dissemination:**
  - Oral presentation at USAID OVC Partner Meeting: *Mitigating Sexual Risk: Psychological and Behavioral Interventions for Vulnerable Adolescents in the Eastern Cape* (Pretoria, November 2014)
  - Interactive workshop with CSPE, FHI 360 & ASPIRES: *Mitigating Sexual Risk: Psychological and Behavioral Interventions for Vulnerable Adolescents in the Eastern Cape* (January 2015)
  - Oral presentation at 7<sup>th</sup> Annual SA AIDS Conference: *Mitigating Sexual Risk Behavior in Orphaned and Vulnerable Adolescents: Results from a Randomized Control Trial in the Eastern Cape* (Durban, June 2015)
  - Oral presentation at the International AIDS Impact Conference: *Psychological and Behavioral Interventions to Reduce HIV Risk: Evidence from a Randomized Control Trial among Orphans and Vulnerable Adolescents in South Africa* (Amsterdam, July 2015)
  - Peer Review Publication (under review): *Psychological and behavioral interventions to reduce HIV risk: Evidence from a randomized control trial among orphaned and vulnerable adolescents in South Africa*
- **Practice:** Findings used to promote quality control during program implementation, and to advocate for an increased emphasis on gender-specific programming as well as multi-faceted and theory-based caregiver-focused and psychological interventions to prevent HIV among vulnerable adolescents.

*“Assessing the Impact of Paraprofessional Home Visiting to Meet the Needs of OVC in KwaZulu-Natal, South Africa,”* hereinafter referred to as *Paraprofessional Home Visiting* study.

- **Research Dissemination:**
  - Peer Reviewed Publications: Thurman, T.R., Kidman, R., & Taylor T. (2015). Bridging the gap: The impact of home visiting programs for orphans and vulnerable children on social grant uptake in South Africa. *Children and Youth Services Review*, 48, 111-116
- **Practice:** Findings used to advocate for investment in paraprofessional home visitors as a critical strategy for promoting access to grants, which in turn is associated with children’s improved wellbeing household food security and children’s obtainment of basic educational and material resources.

## Baseline Results

Baseline results from ongoing studies were shared with local and international stakeholders to help inform priority programming areas.

### *Coping with Loss study*

- **Research Dissemination:**
  - Interactive workshop with CWBFN & CLFS: *Coping with Loss: A Family Bereavement Initiative for Adolescent Girls in the Free State, South Africa* (Bloemfontein, January 2015)
  - Oral Presentation at the REPSSI Psychosocial Forum: *Grief Among Parentally Bereaved Adolescent Girls in South Africa: Adversity and Resilience* (Zimbabwe, September 2015) – includes baseline data describing various grief outcomes and associated factors
  - Oral Presentation at the Conference of the International Society for Child Indicators: *Every time that month comes, I remember: Using Cognitive Interviewing to Adapt Grief Measures for Use with Bereaved Adolescents in South Africa* (Cape Town, September 2015)
  - Peer Reviewed Publication (under review): *Every time that month comes, I remember”: Using cognitive interviews to adapt grief measures for use with bereaved adolescents in South Africa.*
- **Practice:** Program implications of baseline findings were shared to advocate for structured psychological health interventions to address adverse grief and promote resilience among parentally bereaved adolescent girls and their caregivers. Empirically driven suggestions for assessing and adapting standardized psychological health measures for use in South Africa were also provided.

### *Linkages to Care study*

- **Research Dissemination:**
  - Interactive Workshop with Future Families: *Future Families Baseline Survey: Preliminary Findings to Inform the Way Forward* (Pretoria, November 2014)
  - Poster Presentation at the 7<sup>th</sup> Annual SA AIDS Conference: *Future Families Home Visiting Program in Tshwane Increases Child HIV Testing* (Durban, June 2015)
  - Peer Reviewed Publication (under review): *Promoting uptake of child HIV testing: An evaluation of the role of a home visiting program for orphans and vulnerable children in South Africa.*
- **Practice:** Baseline results used by partners to prioritize focal areas for optimal program impact, including HIV testing of children, immunizations, promotion of early childhood development program enrolment and school attendance, and birth certificate uptake and verification.

## Research Summaries

Additional summary presentations for programming and policy guidance were delivered, including:

- Presentation to Department of Basic Education Psychosocial Working Group: *Mitigating Psychological Distress in HIV-affected children: Lessons Learned from Operations Research in South Africa* (Pretoria, November 2014)
- Presentation to PEPFAR OVC Partners: *Updates on New OVC studies: Tulane Operations Research in South Africa* (Pretoria, November 2014)
- Presentation to USAID DREAMS Initiative: *Contributions to the Evidence Base: OVCY Assessments in RSA* (Pretoria, August 2015)

Following the official launch of the Highly Vulnerable Children Research Center in 2013, Tulane makes all research reports, peer-reviewed publications and other resources completed under this Cooperative Agreement available on the Center’s website: <http://hvc-tulane.org>

## Administrative

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All quarterly financial reports, expenditure analyses, success stories, evaluation inventories and the annual workplan and progress report were delivered on time in 2015. Skillsmart and the USAID Development Experience Clearinghouse reflect Tulane's current human resources and publishing record.

## Financial Details

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The OVC project has maintained cost-efficiency throughout its fourth year of implementation, as detailed below.

1. Total USAID Approved Budget: \$6,399,668 (\$6,720,794 with cost share)
2. Funds allocated to date: \$5,583,078
3. Total study expenditures to date (as of Sept 30, 2014): \$3,523,773
4. Balance of Obligation (as of Sept 30, 2014): \$2,059,305
5. Balance of Approved Budget Remaining / Eligible to be requested: \$816,590
6. Tulane Cost Share contributions to date (as of Sept 30, 2012): \$162,469.10